

Edward Hines, Jr. VA Hospital – Implementing Diversion in VA Homeless Programs
An Innovative Practice in VHA Homeless Program Operations

White Paper

VA



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INTRODUCTION

The VHA Homeless Program Office identifies and disseminates innovative practices in homeless program operations. The Edward Hines, Jr. VA Hospital has been identified as a site with an innovative practice for their development of a diversion protocol for VA homeless programs.

PRACTICE OVERVIEW

Structured diversion interview protocols that focus on problem solving and personal empowerment are effective in helping Veterans resolve housing crises.

As communities across the country work to reduce the number of Veterans actively experiencing homelessness, it is increasingly important to understand and address inflow - the rate by which Veterans enter a community's homeless service system. Inflow can be due to Veterans being newly identified as homeless, returning to homelessness from a prior housing placement, or returning from an "inactive" or "missing" status. For homeless program staff at the Edward Hines, Jr. VA Hospital, and their partners within the Suburban Cook County Continuum of Care, addressing inflow was the last mile to their efforts in ending Veteran homelessness. Through technical assistance and support provided by the Built for Zero (BFZ) Initiative, the number of actively homeless Veterans in Cook County, IL decreased from 200 Veterans in early 2017 to 80 Veterans by the Summer of 2018. Unfortunately, following this rapid decrease in homeless Veterans, the community hit a plateau in their system performance. While they were able to place an average of 14 Veterans into permanent housing each month, an average 15 Veterans also entered their system. To achieve the goal of ending Veteran homelessness, the community would need to either further increase their housing placement rate or decrease inflow.

Fortunately, their community's by-name list (BNL) of all known actively homeless Veterans was high quality and able to generate insights into the patterns of Veterans served. Reviewing the data, the Hines Coordinated Entry (CE) Specialist observed that 60 percent of Veterans entering the system did not come from homeless situations. Data further revealed that these Veterans came from at-risk or doubled-up situations and into their VA residential treatment programs: Low Demand Safe Haven (LDSH), Health Care for Homeless Veterans (HCHV) Contract Residential Services (CRS), and Grant and Per-Diem (GPD) transitional housing. The CE Specialist considered if diverting some of them from the system could possibly decrease their monthly inflow.



After consultation with a Program Analyst at the VHA Homeless Program Office, the Edward Hines, Jr. VA Hospital's HCHV Program Supervisor, and their community's BFZ Improvement Advisor, in June 2018, the CE Specialist proposed an improvement project of implementing diversion at their VA Hospital. This strategy would divert people from imminent homelessness by helping them preserve their current housing situation or by making immediate alternative housing arrangements. Typical diversion services include creative problem-solving conversations, linkages to community resources and family supports, housing search and placement, and flexible financial assistance. As there were many different efforts going on regarding diversion, the CE Specialist and the hospital's HCHV Coordinator began researching currently available training and protocols. They gathered information from OrgCode, Inc.; the National Alliance to End Homelessness; ICF International, Inc.; Utah Community Action; and All Home King County to develop a VA specific diversion training and protocol. As most protocols were shelter-focused, modifications were needed to adapt them for walk-in clinic, hotline, and consult based referrals. These settings represented 87 percent of the sources of initial contact. The CE Specialist and HCHV Program Manager developed a script that walked staff through five concrete steps of diversion conversations: explaining the core concepts of diversion, exploring why the Veteran is looking for shelter, reviewing housing and homeless history, identifying the primary reason why the Veteran cannot stay in their current location, and finding out if the Veteran can stay there are longer. From there, staff would engage in action planning to identify alternative locations for the Veteran to stay, making plans for follow-up if diversion was successful or making referrals for shelter if not. Copies of this script were posted next to phones and behind reception desks.

To minimize the disruption to operations, the improvement project was conducted on a small scale, using Plan-Do-Study-Act (PDSA) cycles. With PDSA cycles, a project team initially plans a change idea for testing. Next, they test the change on a small scale for a discrete period, ideally short enough to see quick results. Following the test, the team studies the results and uses that information to inform the next test. This process is repeated until the desired outcomes are achieved. Each cycle of this project would last one month. To measure progress, Microsoft Excel was used to track the number of diversion conversations that took place along with whether Veterans who had diversion conversations eventually entered the homeless service system.

After homeless program staff identified for participation were trained in the modified protocol, the first PDSA cycle started on November 1, 2018. Interestingly, this initial cycle revealed that there was confusion among the staff as to how have diversion conversations, most likely due to the protocol being



both new and unfamiliar in terms of concrete behaviors, but also new in terms of the significant cultural and clinical shifts in how the staff engaged with Veterans. In response, the CE Specialist and the HCHV Coordinator developed additional ways to support staff both in better understanding when diversion conversations occurred as well as working through the cultural and clinical shifts necessary to implement diversion and to address Veterans' concerns about not being helped. Although diversion can appear to be a lack of assistance, it is instead an intervention focused on personal empowerment, identifying strengths and resources, and problem solving. Project team huddles took place twice a week so that staff could talk through their experiences, with special attention paid to their hospital's existing history and culture of making referrals to the homeless program and anticipating housing subsidy or bed placement. A Consultation and Coordination Form was developed to provide focused structure to the huddles.

During the December PDSA cycle, the number of diversion conversations unexpectedly and dramatically decreased. Despite having both a script to standardize diversion conversations as well as huddles two times a week, the CE Specialist suspected that decrease was due to additional confusion on what encounters were diversion verses traditional homelessness prevention. After exploring this issue with the BFZ Improvement Advisor, and to help provide simple guidance to the pilot testers, it was decided that that an encounter would be considered prevention if a Veteran needed help staying in housing but did not have a concrete date they would leave housing. In contrast, for the purposes of this pilot, an encounter would diversion if the Veteran had a concrete and imminent date that they would be homeless and was seeking shelter urgently.

"An important part of implementing this project was in learning how to actually do PDSA cycles. It's not just about going through the steps. When a test... fails, it's having the grace to say, "And that didn't work, so let's pivot." We constantly shift and experiment. The grace in the process is awesome and has helped us from getting stuck with trying the same thing over and over.

**Erin Mangano, LCSW,
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In the January cycle, both the number of diversion conversations increased along with the number of Veterans successfully diverted from the system. November and December were reframed as "practice months" where the protocol was adjusted, and staff increased their comfort and mastery with the script. The February and March 2019 cycles had similar results. **During the first five months of the improvement project, out of the 939 Veterans encountered, 127 Veterans had diversion**



conversations. Of those, 113 Veterans (89 percent of diversion conversations) were successfully diverted from the homeless service system. In reviewing data from November through January, the CE Specialist did not observe a reduction in inflow - most likely attributed to seasonal patterns in homelessness. However, she did observe reductions in inflow from non-homeless situations. She also monitored homeless program activity on all Veterans who were initially diverted from the homeless service system, up to three months after diversion, to see if they eventually entered the system at some later date. **Based on the lookbacks of the November and December cycles, only three Veterans of the 19 Veterans diverted later entered the homeless service system.**

Staff at the Hines VA Hospital were impressed by the early success of the project. Many homeless program social workers who participated in the project were also surprised at how many Veterans resolved their housing crises with problem-solving support by VA. They also noted that this practice is consistent with both whole health recovery principles and the importance of strength-based approaches found in social work practice. Around the hospital it has also begun changing the perception of the homeless program as being a bed/housing only program. Plans are underway to expand diversion training to the entire homeless program as well as to other sections of the hospital such as inpatient psychiatry and the domiciliary. As the CE Specialist benefited from weekly coaching sessions with the BFZ Improvement Advisor, sites considering adopting this practice may benefit from consultation with their community's BFZ Improvement Advisor if available, or their facility's systems redesign teams.

CONCLUSION

Diversion and related efforts are gaining attention and prominence as critical complements to homeless service systems. With the addition of new efforts such as the Supportive Services for Veteran Families Rapid Resolution Intervention, seeking to reduce the number of Veterans entering the system through a combination of problem-solving activities paired with temporary financial assistance, VA homeless programs are ensuring that communities have the tools they need to ensure that Veteran homelessness is rare, brief, and nonrecurring. We would like to thank the dedicated staff at the Edward Hines, Jr. VA Hospital for sharing their practice with us. If you would like more information, please contact Meggan Macfarlane, HCHV Coordinator, at Meggan.Macfarlane@va.gov and Erin Mangano, Coordinated Entry Specialist at Erin.Mangano@va.gov.

